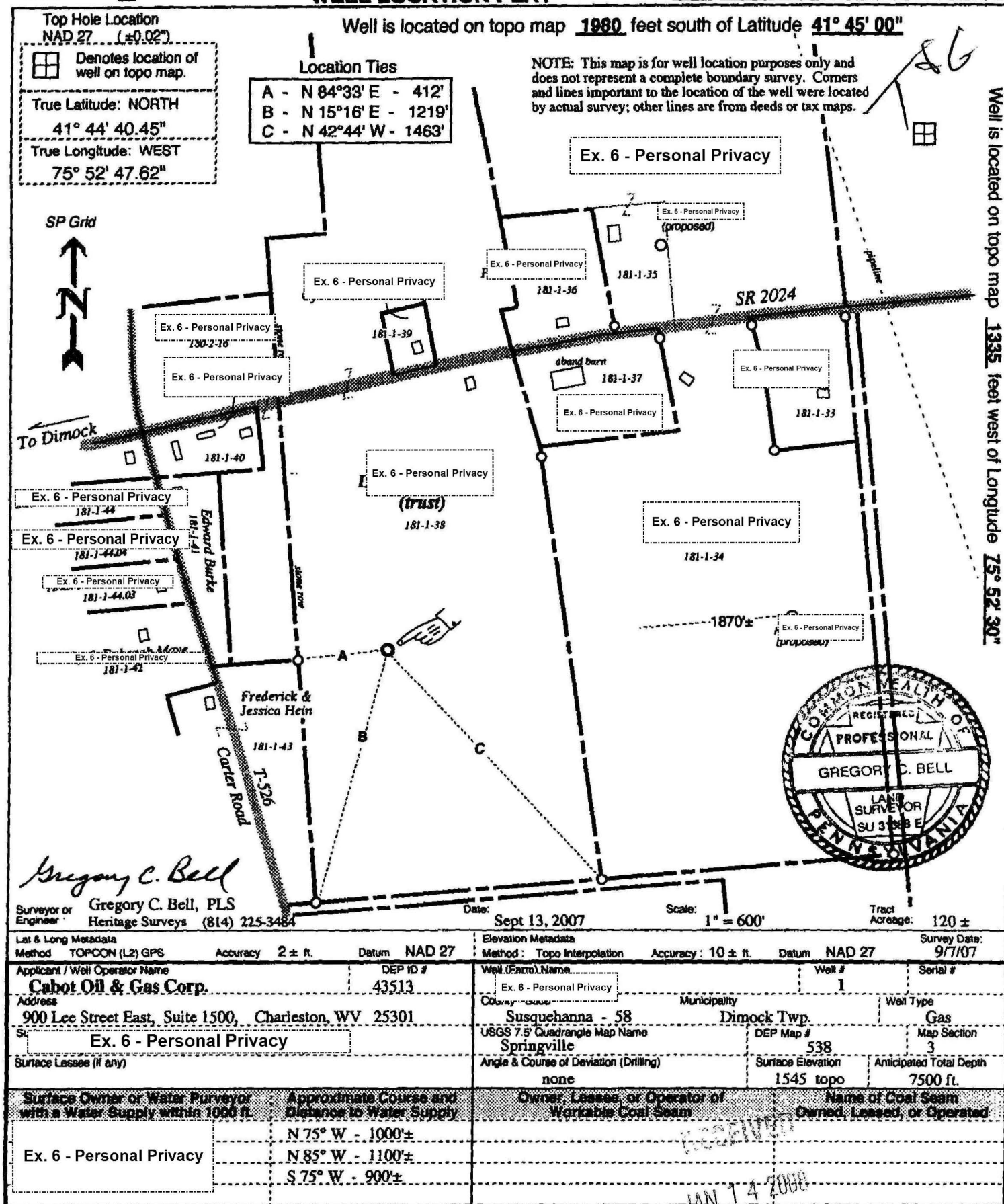
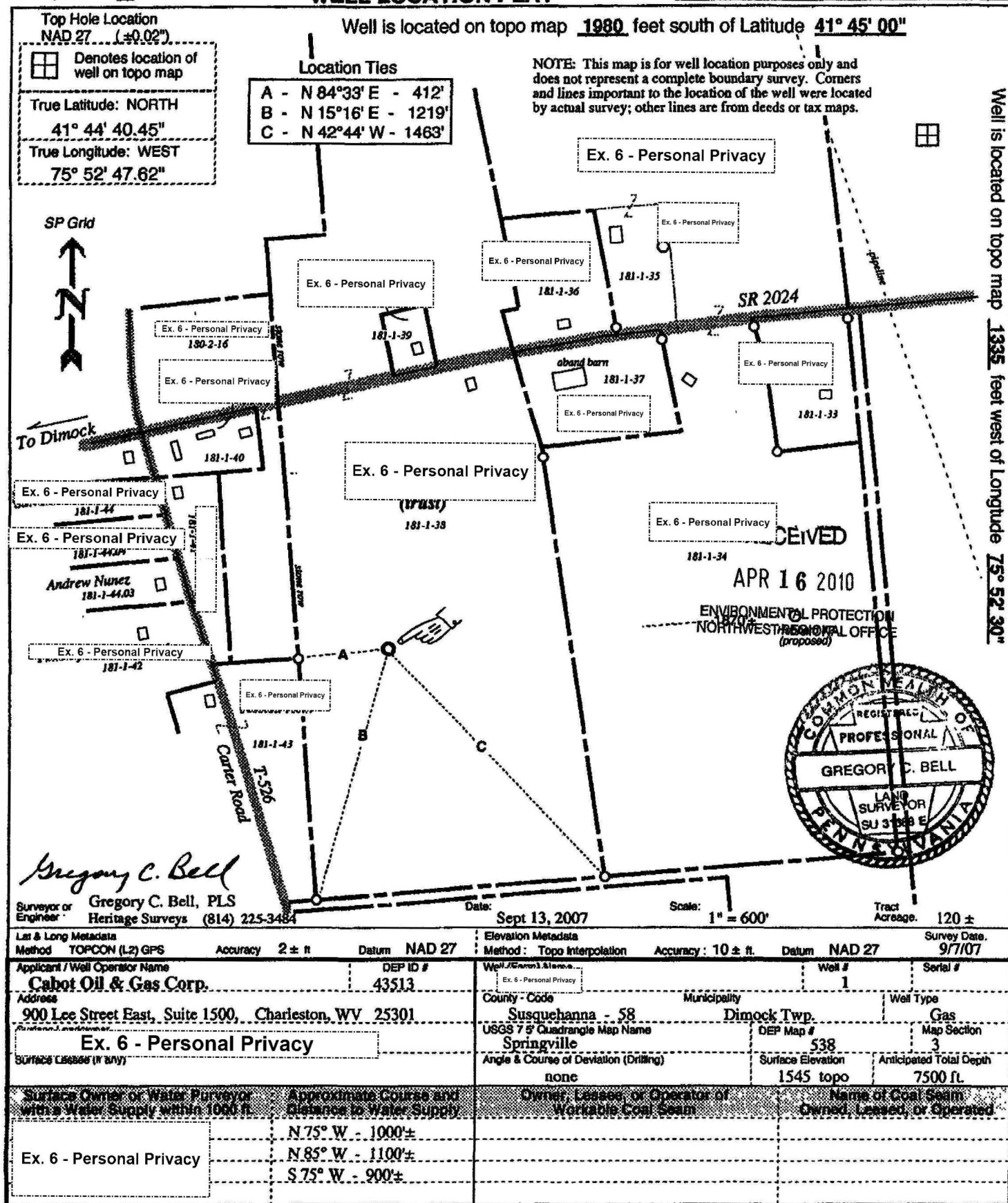


DEP USE ONLY	DEP Application Tracking # <u>25#634852</u>	<u>8-88</u>
	Permit # <u>115-20026</u>	<u>1-28-08</u>
	Project # :	C:



DEP USE ONLY	DEP Application Tracking #	G:
	Permit # <i>115-20026</i>	C:
	Project #:	



Plugging

Output from NADCON for station

North American Datum Conversion

NAD 27 to NAD 83

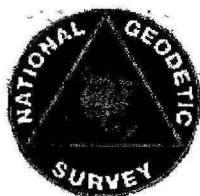
NADCON Program Version 2.11

11S-20026

=====
Transformation #: 1 Region: Conus

	Latitude	Longitude
NAD 27 datum values:	41 44 40.45000	75 52 47.62000
NAD 83 datum values:	41 44 40.72536	75 52 46.32303
NAD 83 - NAD 27 shift values:	0.27536	-1.29697 (secs.)
	8.495	-29.968 (meters)
Magnitude of total shift:		31.148 (meters)

□



[NGS HOME PAGE](#)



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OIL AND GAS MANAGEMENT PROGRAM

DEP USE ONLY

Auth #	APS #
Site #	Primary Facility #
eFACTS Client #	Sub-fac #

Notice of Intention by Well Operator to Plug a Well

<input checked="" type="checkbox"/> Well Operator <input type="checkbox"/> Coal Operator Cabot Oil & Gas Corporation		DEP ID# 43513	Well API # (Permit / Reg) 37-115-20026	Date Drilled (If Known) 8/13/2008
Address Five Penn Center West, Suite 401		Phone 412-249-3850	Well Farm Name Ex. 6 - Personal Privacy	
City Pittsburgh	State PA	Zip Code 15276	Well # 1	Well Serial #
<input type="checkbox"/> Agent (contractor) acting on behalf of the operator named above.			County Susquehanna	
Address		Phone	Municipality Dimock Township	
City	State	Zip Code	RECEIVED Attach well record if not previously submitted. APR 16 2010	

Coal Operator, Owner, and Lessee			Complete this section if applicable. Prior to abandoning any well in an area underlain by a workable coal seam, the well operator or owner shall notify the coal operator, lessee, or owner of the intention to plug and abandon the well, and shall submit a plat showing the location and affix the date and time at which the work of plugging will commence.		
Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Coal <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Lessee
Address		Address		Address	
City, State, Zip		City, State, Zip		City, State, Zip	
Phone	Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
This Party hereby waives the rights to be notified of the date and time before plugging work will begin, and to be present at the plugging of this well. Signature:		This Party hereby waives the rights to be notified of the date and time before plugging work will begin, and to be present at the plugging of this well. Signature:		This Party hereby waives the rights to be notified of the date and time before plugging work will begin, and to be present at the plugging of this well. Signature:	

Scheduled Date and Time of Plugging		Plugging is scheduled to begin on (date) 4/27/2010 at (time) 8:00 am.	
Check List and Additional Attached Information		Signature of Applicant (Operator or Agent)	
<input checked="" type="checkbox"/> Location Plat <input checked="" type="checkbox"/> Current Well Record <input type="checkbox"/> Available Well Record <input type="checkbox"/> Application for Approval of Alternate Method of Plugging <input type="checkbox"/> Other, describe:		Signature Date 4/15/2010 Print or Type Signer's Name and Title Phillip L. Stalnaker, Vice President, North Region	

DEP USE ONLY

If this well has not been permitted or registered previously, DEP hereby assigns this permit / registration number to the well location described in this notice: API# _____ Date: _____ Please refer to this number in all future correspondence.	Notice acknowledged by	Date:	Geologist:
	DEP Rep: (Signature) (Print Name) Lobins	5-5-10	

DEP will fill in the information below and send a copy of this notice to the applicant and these DEP staff or offices.

DEP Oil and Gas Inspector		DEP Mine Inspector MID #		Rec'd in DEP Reg. Ofc. Plugging must begin within 30 days of
Name	Name			
Address	Address			
City, State, Zip	City, State, Zip			
Phone	Phone			